

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 832053**

1. Entity Name

BRENDLE FIRE EQUIPMENT, INC.**FILED**
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90013 032 ***150.00

Principal Place of Business

Mailing Address

**2755 GUNTER PARK DRIVE
MONTGOMERY AL 36109****2755 GUNTER PARK DRIVE
MONTGOMERY AL 36109-1013****66017269**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0572204**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	BRENDLE, DIANA H	2755 GUNTER PARK DR	MONTGOMERY AL	
P	BRENDLE, MICHAEL D	2755 GUNTER PARK DR	MONTGOMERY AL	<input type="checkbox"/> Delete
VP	BRENDLE, WILLIAM E. J	2755 GUNTER PARK DR	MONTGOMERY AL	<input type="checkbox"/> Delete
S	ADAMS, NANCY M	2755 GUNTER PARK DRIVE W.	MONTGOMERY AL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy M. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2-4-00 (334) 271-6570
Date Daytime Phone #

CR2E034 (9/99)